



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

FOO/163065

PRELIMINARY RECITALS

Pursuant to a petition filed January 07, 2015, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to FoodShare benefits (FS), a hearing was held on January 27, 2015, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services (the agency) correctly reduced the Petitioner's FoodShare benefits from \$194.00 to \$16.00 for the month of November 2014.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

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Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Pang Thao-Xiong, Income Maintenance Specialist Advanced
Milwaukee Enrollment Services
1220 W. Vliet St., Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On September 24, 2014, the Petitioner received pro-rated benefits for the month of September 2014, in the amount of \$44.00, and he received a FoodShare allotment of \$194.00 for the month of October 2014. (Exhibit 2, pgs. 4 and 5)

3. On November 4, 2014, the Petitioner went to the agency and reported that he is no longer employed and that his rent increased to \$550 per month. The Petitioner reported receiving money from his mother to help cover his bills. (Exhibit 2, pg. 6)
4. On November 5, 2014, the agency sent the Petitioner a Notice of Proof Needed, requesting verification of the money he received from his mother and verification of his rent. The verification was due November 14, 2014, nine days later. (Exhibit 2, pgs. 19-21)
5. On November 8, 2014, the Petitioner received \$16.00 in FoodShare benefits. (Exhibit 2, pg. 4)
6. The Petitioner did not provide the requested verification by November 14, 2014, but he still continued to receive FoodShare benefits, in the amount of \$16.00 on December 8, 2014 and January 8, 2015. (Exhibit 2, pg. 4)
7. On January 5, 2015, the Petitioner went to the agency and provided verification that he does not receive money from his mother and that he does not pay rent, himself. (Exhibit 2, pg. 6)
8. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on January 7, 2015. (Exhibit 1)
9. On January 8, 2015, the agency sent the Petitioner a notice indicating that his FoodShare benefits would be increasing from \$16.00 a month to \$194.00 per month effective December 1, 2014. (Exhibit 2, pgs. 23-27; see also page 6).

DISCUSSION

The Petitioner contends that his FoodShare benefits for the month of November 2014 should not have been reduced from \$194.00 per month to \$16.00.

“A notice of adverse or negative action, regarding the termination or reduction of benefits must be mailed at least 10 days before the effective date of that action.” *FoodShare Wisconsin Handbook §6.3.1; 7 CFR §273.13*

If the agency wanted to reduce the Petitioner’s benefits to \$16.00 for the month of November, it needed to send the notice of negative action out by October 21, 2014. There is no indication in the record that the agency ever sent the Petitioner a notice advising him that his benefits were going to be reduced for the month of November 2014. As such, the agency did not correctly reduce the Petitioner’s benefits in November 2014.

CONCLUSIONS OF LAW

The agency did not correctly reduce the Petitioner’s benefits for the month of November 2014.

THEREFORE, it is

ORDERED

That the agency issue to the Petitioner, Foodshare benefits totaling \$194.00 for the month of November 2014. The agency shall take all administrative steps to complete this task within ten days of this decision.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and

why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 18th day of February, 2015.

\sMayumi M. Ishii
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on February 18, 2015.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability